MILWAUKEE COUNTY MHC REHABILITATION-C-IMD 9455 WATERTOWN PLANK ROAD

MILWAUKEE 53226 Phone: (414) 257-7339 Ownership: County Operated from 1/1 To 12/31 Days of Operation: 365 Skilled - IMD Highest Level License: Operate in Conjunction with Hospital? Yes Operate in Conjunction with CBRF? No Number of Beds Set Up and Staffed (12/31/03): 72 Title 18 (Medicare) Certified? No Total Licensed Bed Capacity (12/31/03): 72 Title 19 (Medicaid) Certified? Yes Number of Residents on 12/31/03: 70 Average Daily Census:

Services Provided to Non-Residents	Age, Gender, and Primary Di	Length of Stay (12/31/03) %					
Home Health Care Supp. Home Care-Personal Care	No No	   Primary Diagnosis 		Age Groups 	\ \ \ 		5.7 28.6
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	78.6	More Than 4 Years	44.3
Day Services	No	Mental Illness (Org./Psy)	0.0	65 - 74	14.3	[	
Respite Care	No	Mental Illness (Other)	100.0	75 - 84	7.1		78.6
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	0.0	*********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	0.0	Full-Time Equivalent	
Congregate Meals	No	Cancer	0.0			Nursing Staff per 100 Resi	dents
Home Delivered Meals	No	Fractures	0.0		100.0	(12/31/03)	
Other Meals	No	Cardiovascular	0.0	65 & Over	21.4		
Transportation	No	Cerebrovascular	0.0			RNs	29.7
Referral Service	No	Diabetes	0.0	Gender	용	LPNs	7.1
Other Services	No	Respiratory	0.0			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	0.0	Male	72.9	Aides, & Orderlies	56.2
Mentally Ill	Yes			Female	27.1		
Provide Day Programming for			100.0				
Developmentally Disabled	No				100.0		
Provide Day Programming for		  - 				1  -  -	

## Method of Reimbursement

		edicare itle 18			edicaid itle 19		Other		Private Pay		Family Care			Managed Care						
Level of Care	No.	90	Per Diem (\$)	No.	엉	Per Diem (\$)	No.	%	Per Diem (\$)	No.	엉	Per Diem (\$)	No.	용	Per Diem (\$)	No.	୍ବ	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Intermediate				9	81.8	104	43	74.1	250	1	100.0	250	0	0.0	0	0	0.0	0	53	75.7
Limited Care				2	18.2	89	15	25.9	250	0	0.0	0	0	0.0	0	0	0.0	0	17	24.3
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	_	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	0	0.0		11	100.0		58	100.0		1	100.0		0	0.0		0	0.0		70	100.0

Deaths During Reporting Period				Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/03										
				AT 1 t		m - 4 - 1								
		_		Needing		Total								
Percent Admissions from:	Activities of	용	Ass	istance of	% Totally	Number of								
Private Home/No Home Health 0.0	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents								
Private Home/With Home Health 0.0	Bathing	45.7		45.7	8.6	70								
Other Nursing Homes 0.0	Dressing	62.9		34.3	2.9	70								
Acute Care Hospitals 100.0	Transferring	87.1		8.6	4.3	70								
Psych. HospMR/DD Facilities 0.0	Toilet Use	71.4		22.9	5.7	70								
Rehabilitation Hospitals 0.0	Eating	72.9		24.3	2.9	70								
Other Locations 0.0  *	******	******	*****	*****	* * * * * * * * * * * * * * * * * * * *	*****								
Total Number of Admissions 19	Continence		용	Special Treatme	ents	용								
Percent Discharges To:	Indwelling Or Externa	l Catheter	0.0	Receiving Res	spiratory Care	0.0								
Private Home/No Home Health 5.3	Occ/Freq. Incontinent	of Bladder	14.3	Receiving Tra	acheostomy Care	0.0								
Private Home/With Home Health 5.3	Occ/Freq. Incontinent	of Bowel	4.3	Receiving Suc	ctioning	0.0								
Other Nursing Homes 10.5				Receiving Ost	tomy Care	0.0								
Acute Care Hospitals 0.0	Mobility			Receiving Tub	be Feeding	1.4								
Psych. HospMR/DD Facilities 0.0	Physically Restrained		0.0	Receiving Med	chanically Altered Diets	0.0								
Rehabilitation Hospitals 0.0														
Other Locations 78.9	Skin Care			Other Resident	Characteristics									
Deaths 0.0	With Pressure Sores		0.0	Have Advance	Directives	1.4								
Total Number of Discharges	With Rashes		1.4	Medications										
(Including Deaths) 19				Receiving Psy	ychoactive Drugs	100.0								

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	Facility	Based F	acilities	Fac	ilties
	%	용	Ratio	왕	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	94.4	90.1	1.05	87.4	1.08
Current Residents from In-County	100.0	83.8	1.19	76.7	1.30
Admissions from In-County, Still Residing	100.0	14.2	7.07	19.6	5.09
Admissions/Average Daily Census	27.9	229.5	0.12	141.3	0.20
Discharges/Average Daily Census	27.9	229.2	0.12	142.5	0.20
Discharges To Private Residence/Average Daily Census	2.9	124.8	0.02	61.6	0.05
Residents Receiving Skilled Care	0.0	92.5	0.00	88.1	0.00
Residents Aged 65 and Older	21.4	91.8	0.23	87.8	0.24
Title 19 (Medicaid) Funded Residents	15.7	64.4	0.24	65.9	0.24
Private Pay Funded Residents	1.4	22.4	0.06	21.0	0.07
Developmentally Disabled Residents	0.0	1.2	0.00	6.5	0.00
Mentally Ill Residents	100.0	32.9	3.04	33.6	2.98
General Medical Service Residents	0.0	22.9	0.00	20.6	0.00
Impaired ADL (Mean) *	18.6	48.6	0.38	49.4	0.38
Psychological Problems	100.0	55.4	1.81	57.4	1.74
Nursing Care Required (Mean) *	0.4	7.0	0.05	7.3	0.05